STATE OF MAINE

BOARD OF BARBERING AND COSMETOLOGY

Application for Student Registration



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION

Office of Licensing and Registration Board of Barbering and Cosmetology 35 State House Station Augusta, ME 04333

Telephone: (207) 624-8620

TTY/HEARING-IMPAIRED: (888) 577-6690

FAX: (207) 624-8637

Email antonio.sirabella@maine.gov

APPLICATION INSTRUCTIONS FOR STUDENT REGISTRATION

Enclosed in this packet of information is all the material you will need to register a student with the Board of Barbering & Cosmetology. To become a licensed cosmetologist, barber, aesthetician or manicurist, applicants must complete a course of study in a school licensed by the Maine State Board of Barbering and Cosmetology.

Schools licensed by the Board shall register students. A student enrolled in the study of cosmetology, barbering, manicuring or aesthetics must hold a valid registration at all times while enrolled and attending school. The application must contain satisfactory evidence of the qualifications required to be a student under the laws of Barbering & Cosmetology.

A student enrolled in a licensed school must conduct all training and services rendered to a member of the public under the direct supervision of a duly licensed instructor in a licensed school.

PROCEDURES TO REGISTER A STUDENT

The student must complete an **Application to Register as a Student.** The following must be submitted with the application:

- 1. Fee;
- 2. Proof that you are at least 16 years of age;
- 3. Proof that you have completed 10th grade or its equivalent

A student permit expires 12 months from date of issuance. Expired registrations must be renewed if a student has not completed his/her course. This registration permit must be renewed upon filing the appropriate renewal and fee. All training or services rendered to a member of the public by a student must be under the direct supervision of a duly licensed instructor in a licensed school.

Upon satisfactory completion of course hours, a student is eligible to apply for examination. If the school does not provide the examination application form one may be acquired from the testing company by calling:

D.L. Roope Administrations, 1-888-451-2020

PLEASE NOTE: An official affidavit from the school must be submitted to the board of barbering and cosmetology office immediately upon completion of the student's course. A student may not be issued a temporary work permit or initial license until an affidavit certifying satisfactory completion of the course is received by the board.



STATE OF MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION BOARD OF BARBERING & COSMETOLOGY 35 STATE HOUSE STATION AUGUSTA, MAINE 04333-0035

FOR OFFICE	USE ONLY
LICENSE #:	
CN:	
47021426 47022619	\$10.00 \$15.00

JOHN ELIAS BALDACCI GOVERNOR

documents.

TTY/HEARING IMPAIRED (888) 577-6690 OFFICE PHONE (207) 624-8620 FAX (207) 624-8637 ANNE L. HEAD DIRECTOR

APPLICATION FOR STUDENT REGISTRATION

Proof of completion of 10th grade education or equivalent, **proof of being at least 16 years of age** (birth certificate or driver's license is acceptable).

\$10.00

10.00

10.00

Please Make Check Payable to Treasurer, State of Maine or completed credit card authorization form.

The Registration will be valid for one-year from date of issuance.

Cosmetologist

Aesthetician

Barber

	_ Manicurist		10.00		
c	Criminal History Record Ch	eck fee	15.00		
Т	OTAL FEE DUE		\$25.00		
	PERSO	NAL INFORM			
.ast Name:		First:	Middle:		le:
ny Other names	s used:				
Contact Address:					
S	Street	City/Town	State	Zip	County
Contact Phone:					

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine State Board of Barbering & Cosmetology any and all criminal history record information pertaining to said applicant.

Pursuant to Title 32 §14226(4), you must apply for your first license within **90 days** of notification of passing the examination. Failure to do so may require you to retake the full examination.

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.

I, the undersigned, in making this application, swear or affirm that I am the applicant named herein and that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the board. I further authorize all law enforcement agencies and officials thereof to release to the Maine State Board of Barbering and Cosmetology any and all criminal history record information pertaining to said applicant.

Signature of Applicant:	Date:						
SCHOOL INFORMATION - To be completed by a school official							
Name and Address of School:							
Date of Enrollment::	Are you transferring from another school? ☐ YES ☐ NO						
Signature of School Official:	Date:						



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. <u>Payment through</u> credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)						
Mailing Address: (applicant fees being paid for)						
City:	State:		Zip Code:			
County:	Telephone #:					
Name of cardholder: (if other than applicant)						
Mailing Address: (if other than applicant)						
City:	State:		Zip Code:			
I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my: Visa MasterCard						
Credit Card number Expiration date:/ in the amount of: \$						
Signature:			e: / /			